PRINTED: 05/29/2019 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER **APERION CARE CAPITOL** SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Special Focus Certification Survey S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 Violations: 300.1010h) 300.1210b) 300.1210d)2)3)5) 300.1620a) 300.3240a) Section 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B) Attachment A Section 300.1210 General Requirements for Nursing and Personal Care Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological

Electronically Signed

b)

TITLE

(X6) DATE 05/06/19

PRINTED: 05/29/2019 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST CARPENTER APERION CARE CAPITOL** SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

PRINTED: 05/29/2019 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST CARPENTER** APERION CARE CAPITOL SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 Section 300.1620 Compliance with Licensed Prescriber's Orders All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

Illinois Department of Public Health

by:

These Requirements are not met as evidenced

Based on observation, interview and record review, the facility failed to provide timely assessments, monitoring, treatments and

for 5 of 12 (R14, R33, R111, R234, R284)

services to prevent infection, promote healing and prevent the development of new pressures ulcers

PRINTED: 05/29/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST CARPENTER APERION CARE CAPITOL** SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 | Continued From page 3 S9999 reviewed for pressure ulcers in the sample of 65. This failure resulted in pressure ulcers developing as deep tissue injuries, stage IV and unstageable due to staff not timely turning and re-positioning. treatments/dressings not being done and not following physician's orders. Findings include: On 04/03/19 at 9:00 AM, R234 was observed. lying in bed on her bottom with head of bed only slightly up at 10-degree angle. There were two heel protector boots on the bedside table. R234's heels were directly on the mattress. At 9:15 AM, 9:30 AM, 9:50 AM, 10:15 AM and 10:50 AM, R234 remained in the same position in bed. Staff were not seen turning or repositioning R234. 04/03/19 10:35 AM, V37 and V38, family stated R234 had a pressure ulcer on her bottom but did not know what condition it was in or if it had healed. V37 stated he was not aware of any other skin breakdown. V37 also stated R234 had not been out of bed except to go to dialysis. He stated she most always lays on her bottom. On 04/04/19 at 1:15 PM, an incontinence/skin check was observed for R234. When the left heel was observed, R234 had a deep tissue injury on the left heel that had a dangling bandage attached by one corner, rolled up edges and was

Illinois Department of Public Health

soiled. There was no date on this bandage. The bandage was open exposing the large dark brown area on the heel. V25 then replaced the non-skid sock without ensuring the bandage was secure. V25 and V35, CNA's stated they did not know about the heel or coccyx/right buttock. The coccyx/right buttocks were observed to have a large open area that was black with yellow spots and bleeding in some areas. The area was exposed and was observed with a soiled rolled up

AND PLAN OF CORRECT	NCIES ON	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		IL6002489	B. WING		04/	12/2019
NAME OF PROVIDER OR	SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	<u> </u>	
APERION CARE CAR	PITOL		CARPENTE IELD, IL 627			
PREFIX (EACH I	DEFICIENC'	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999 Continued	From pa	age 4	S9999			
bandage vil R234 com V25 and V offload the asked whe she stated nurse no le sure if ever dressings. On 03/23/document 04/02/19, BIMS of 6, total assis dressing a 03/22/19, to the left I "monitor d adhering, nurse; the least every resident redevice on treatment measurem width, leng On 04/02/document concerns. for "cleans alginate are evening" T (TAR), daf sacrum dr 04/09 or 0	with brow plained of 35 did not coccyx and the drown ings or 19, the Med R234 the MDS modera of two find toileti documents of two house and cocuments of two house and R234 On 04/0 the with no find foam the Treat ed April 2 essing w 4/10.	n drainage and with no date. of the bottom hurting, however ot position R234 that would area. When V27, LPN was essings had been changed, I no idea because the wound orked at the facility and was not night staff changed the dinimum Data Set (MDS), had no pressure ulcers. On documented R234 had a tely impaired, and required or bed mobility, transfers, ng. The care plan, dated or bed mobility, transfers, ng. The care plan, dated or bed mobility transfers, ng. The care plan, dated or bed mobility, transfer				

Illinois Department of Public Health

PRINTED: 05/29/2019

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER APERION CARE CAPITOL SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY)

S9999

S9999 Continued From page 5

She stated she had not seen the open area on R234's bottom. She stated she did look at it today and thought it was moisture related dermatitis. However, V42 stated that R234 rarely produces any urine. She also stated that until today, she was not aware of R234 having pain on bottom. V42 stated she was not aware that an ulcer existed on the left heel. V42 also stated that V45. wound doctor had not evaluated R234's pressure ulcers. V29, 3rd floor manager, stated she had only seen the pressure ulcer on the bottom upon initial admission. Both V29 and V42 agreed the pressure area to the coccyx/buttocks was worse. V42 stated R234 was up in the reclining chair and has ordered that R234 be up in the chair at least once per day.

2. On 04/03/19 at 9:00 AM, R111 was observed up in his wheelchair in his room. At 9:30 AM. R111 stated he has open areas to his buttocks and left heel and usually gets dressing changes every couple of days in the afternoon. He stated that sometimes he sits up in his wheelchair all day without anyone repositioning him. R111's call light was observed dangling off the side of his bed, out of reach. R111 stated he had not had dressing changes for a couple of days. On 04/03/19 at 9:50 AM, 10:20 AM and 11:00 AM, R111 was up in the same position in the wheelchair. He stated no one had come in to lav him down and that his bottom really hurts. At 12:30 PM, V27, LPN stated R111 had an open area on his bottom that was painful and will sometimes refuse to have treatment done because it causes pain. V27 was not sure if he had orders for pain medication prior to dressing changes. She also stated R111 had a pressure ulcer on the left heel. From 11:00 AM to 1:50 PM in 15 to 20-minute intervals. R111 was observed in his wheelchair and stated staff had not been in

Illinois Department of Public Health STATE FORM

PRINTED: 05/29/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER APERION CARE CAPITOL SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X4) ID **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 to reposition him or do dressing changes. At 4:00 PM, V27, LPN and V34, CNA were observed during care for R111. R111 had an open area to the coccyx area that had multiple layers of slough, white macerated edges and had serosanguineous drainage on the incontinent pad. There was no dressing on this area. V27, LPN stated that R111 had no dressing orders, just ointment. There were no visible signs of any ointment being on the open area at that time. V27 was observed to cleanse between the buttocks with normal saline and apply Silvadene cream. No dressing was applied. The left heel was observed to have a large pink, white and dark brown areas covering the back of the left heel. There was a heavily soiled bandage with dark brown serosanguineous drainage that had soaked through the bandage. V27 cleansed with normal saline then applied calcium alginate and covered with foam dressing. On 04/01/19, the POS documented the following diagnoses, in part as, Cerebrovascular Accident (CVA), Transient Cerebral Ischemic Attack (TIA), Parkinson's Disease, chronic pain and Diabetes Mellitus. On 03/30/19, an order for treatment of the left buttocks was "Cleanse area to left buttocks with normal saline, pat dry, collagen and cover with dry dressing, every day and evening shift." On 03/29/19, an order for treatment of the left heel was "Cleanse wound to left heel, pat dry."

Illinois Department of Public Health

apply Santyl in nickel thick layer, calcium alginate,

treatments to the left heel were not completed as ordered on 03/05, 03/12, 03/14, 03/19, 03/22, 03/26, 03/27 and 03/28. The TAR dated April 2019, documented R111's treatments were not

cover with foam dressing, every day shift."

The Treatment Administration Record (TAR), dated March 2019, documented R111's

AND PLAN OF CORRECTION IL6002489 IL6002489 STREET ADDRESS CITY, STATE, ZIP CODE S55W MEST CARPENTER SPRINGFIELD, IL 62702 PROVIDER OF SUPPLIER A BUILDING: SUBMARY STATEMENT OF DEFICIENCES BY SPRINGFIELD, IL 62702 PROVIDER CAPTON SEGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Conlinued From page 7 completed as ordered on 04/02, 04/07 and 04/09, On 03/17/19, a nurse's note documented the initial observation by staff of the left buttock pressure ulcer that was draining green fluid. It documented the physician was notified, calcium alginate and foam dressing were applied, and the wound physician will assess on Tuesday. The TAR for March 20/32. The TAR documentation of a treatment being done on the left buttock with normal saline, pat dry, apply calcium alginate, cover with foam dressing, every day and evening shift. There was no documentation that the treatments were completed on 03/22-day shift, 03/25/19 evening shift. There were no orders for antibiotics for the green discharge. There was no documentation indicating treatments were no mursing notes or TAR notes for the left buttock was not documentation indicating treatments were no enderuring this period. The TAR for April 2019 documented treatments for the left buttock was not completed on 03/26/19 while period. The TAR for April 2019 documented treatments for the left buttock was not completed on 03/26/19. The rewas no documentation indicating treatments were not enduring this period. The TAR for April 2019 documented treatments for the left buttock was not completed on 03/26/19. The rewas no documentation indicating treatments were not enduring this period. The TAR for April 2019 documented treatments for the left buttock was not completed on 03/26/19. The rewas not completed on 03/26/19 with period. The TAR for April 2019 documented for the mobility transfers and tolleting. The care plan, dated 04/01/19, documented R1111 had a pressure ulcer to the left heel and left buttock. The interventions, in part as, administer treatments as ordered and		IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE	
NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL SUMMARY STATEMENT OF DEFICIENCIES PREFIX FROVIDERS PLAN OF CORRECTION TAG FROVIDERS PLAN OF CORRECTION PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCY SUMMARY SUMMARY STATEMENT OF DEFICIENCY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMM	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
NAME OF PROVIDER OR SUPPLIER APERION CARE CAPITOL SUMMARY STATEMENT OF DEFICIENCIES PREFIX FROVIDERS PLAN OF CORRECTION TAG FROVIDERS PLAN OF CORRECTION PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCY SUMMARY SUMMARY STATEMENT OF DEFICIENCY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMMARY SUMM							
APERION CARE CAPITOL STATE SUMMARY STATEMENT OF DEFICIENCIES PRINTERLD, IL 62702			IL6002489	B. WING		04/1	2/2019
SPRINGFIELD, IL. 62702 SUMMARY STATEMENT OF DEFICIENCES PROVIDERS IN AN OF CORRECTION PREFIX REGULATORY OR LISC DENTIFYING INFORMATION SPRINGFIELD PREFIX REGULATORY OR LISC DENTIFYING INFORMATION Sp9999 Continued From page 7 Completed as ordered on 04/02, 04/07 and 04/09. On 03/17/19, a nurse's note documented the initial observation by staff of the left buttock pressure ulcer that was draining green fluid. It documented the physician was notified, calcium alginate and foam dressing were applied, and the wound physician will assess on Tuesday. The TAR for March 20/320. The TAR documented treatment for the left buttock was started 03/21/19 and ordered "cleanse area to left buttock with normal saline, pat dry, apply calcium alginate, cover with foam dressing were are no orders for antibilotics for the green discharge. There was no documentation that the treatments were completed on 03/22-day shift, 03/25/19 evening shift. There was no documentation that there were treatment orders for the left buttock on 03/26/19 through 03/30/19. There was no documentation indicating treatments were done during this period. The TAR for April 2019 documented treatments for the left buttock was not completed on 04/02, 04/03-day shift, 04/05 evening shift and no treatments from 40/06 to 04/09. There were no nursing notes or TAR notes indicating R111 refused any of these treatments. The MDS, dated 03/05/19, documented R111 was cognitively intact with a BIMS of 14 and required extensive assist of two for bed mobility, transfers and toileting. The care plan, dated 04/01/19, documented R111 had a pressure ulcer to the left bell and left buttock. The interventions, in part as, administer treatments as ordered and monitor for reflectiveness. Follow facility policies and protocols for the prevention/treatment, is	NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
SPRINGFIELD, IL 62702 PRETEX (EACH DEFICIENCY MUST BE PRECEDED by PULL REGULATORY OR LEC DEMTREYNO INFORMATION) S9999 Continued From page 7 completed as ordered on 04/02, 04/07 and 04/09. On 03/17/19, a nurse's note documented the initial observation by staff of the left buttock pressure ulcer that was draining green fluid. It documented the physician will assess on Tuesday. The TAR for March 20/320. The TAR documented treatment for the left buttock was not each green and the wound physician will assess on Tuesday. The TAR for March 20/320. The TAR documented treatment for the left buttock was started 03/21/19 and ordered "cleanse area to left buttock with normal saline, pat dry, apply calcium alginate, cover with foam dressing, every day and evening shift. There was no documentation that the treatments were completed on 03/22-day shift, 03/25/19 evening shift. There were no orders for antibiotics for the green discharge. There was no documentation that there were treatment orders for the left buttock on 03/26/19 through 03/30/19. There was no documentation indicating treatments were done during this period. The TAR for April 2019 documented treatments for the left buttock was not completed on 04/02. 04/03-day shift, 04/05 evening shift and no treatments from 04/06 to 04/09. There were no nursing notes or TAR notes indicating R111 refused any of these treatments. The MDS, dated 03/05/19, documented R111 was cognitively intact with a BIMS of 14 and required extensive assist of two for bed mobility, transfers and toileting. The care plan, dated 04/01/19, documented R111 had pressure ulcer to the left heal and left buttock. The interventions, in part as, administer treatments as ordered and monitor for effectiveness. Follow facility policies and protocols for the prevention/treatment, services and pro	ADEDIO	LOADE GARLEGI	555 WEST	CARPENTER			
PREFIX TAG REGOLATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 7 completed as ordered on 04/02, 04/07 and 04/09. On 03/17/19, a nurse's note documented the initial observation by staff of the left buttock pressure ulcer that was draining green fluid. It documented the physician was notified, calcium alginate and foam dressing were applied, and the wound physician will assess on Tuesday. The TAR for March 2019, had no documentation of a treatment being done on the left buttock on 03/17, 03/18, 03/19 or 03/20. The TAR documented treatment for the left buttock was started 03/21/19 and ordered "cleanse area to left buttock with normal saline, pat dry, apply calcium alginate, cover with foam dressing, every day and evening shift." There was no documentation that the treatments were completed on 03/22-day shift, 03/25/19 evening shift. There were no orders for antibiotics for the green discharge. There was no documentation that there were treatment orders for the left buttock on 03/26/19 through 03/20/19. There was no documentation indicating treatments were done during this period. The TAR for April 2019 documented treatments for the left buttock was not completed on 04/02, 04/03-day shift, 40/05 evening shift and no treatments from 04/06 to 04/09. There were no nursing notes or TAR notes indicating R111 refused any of these treatments. The MDS, dated 03/05/19, documented R111 was cognitively intact with a BIMS of 14 and required extensive assist of two for bed mobility, transfers and tolleting. The care plan, dated 04/01/19, documented R111 had a pressure utcer to the left heel and left buttock. The interventions, in part as, administer treatments as ordered and monitor for effectiveness. Follow facility policies and protocolos for the prevention/freatment, the policies and protocolos for the prevention/freatment.	APERIO	N CARE CAPITOL	SPRINGF	IELD, IL 6270:	2		
completed as ordered on 04/02, 04/07 and 04/09. On 03/17/19, a nurse's note documented the initial observation by staff of the left buttock pressure ulcer that was draining green fluid. It documented the physician was notified, calcium alginate and foam dressing were applied, and the wound physician will assess on Tuesday. The TAR for March 2019, had no documentation of a treatment being done on the left buttock on 03/17, 03/18, 03/19 or 03/20. The TAR documented treatment for the left buttock was started 03/21/19 and ordered "cleanse area to left buttock with normal saline, pat dry, apply calcium alginate, cover with foam dressing, every day and evening shift." There was no documentation that the treatments were completed on 03/22-day shift, 03/25/19 evening shift. There were no orders for antibiotics for the green discharge. There was no documentation that there were treatment orders for the left buttock on 03/26/19 through 03/30/19. There was no documentation indicating treatments were done during this period. The TAR for April 2019 documented treatments for the left buttock on 03/26/19 through 03/30/19. There was no documentation indicating treatments were done during this period. The TAR for April 2019 documented treatments for the left buttock was not completed on 04/02, 04/03-day shift, 04/05 evening shift and no treatments from 04/06 to 04/09. There were no nursing notes or TAR notes indicating R111 refused any of these treatments. The MDS, dated 03/05/19, documented R111 was cognitively intact with a BIMS of 14 and required extensive assist of two for bed mobility, transfers and tolleting. The care plan, dated 04/07/19, documented R111 had a pressure ulcer to the left heel and left buttock. The interventions, in part as, administer treatments as ordered and monitor for effectiveness. Follow facility policies and protocols for the prevention/treatment of skin breakdown. If the free the refuses treatment,	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
	S9999	completed as order On 03/17/19, a nursinitial observation by pressure ulcer that documented the phalginate and foam owound physician with TAR for March 201 treatment being do 03/18, 03/19 or 03/1 treatment for the leand ordered "clean normal saline, pat ocover with foam dreshift." There was no treatments were co 03/25/19 evening santibiotics for the g documentation that for the left buttock of the left buttock of There was no documentation that for the left buttock was no 04/03-day shift, 04/1 treatments from 04 There were no nursindicating R111 refut The MDS, dated 03 was cognitively intarequired extensive transfers and toiletion 04/01/19, document to the left heel and in part as, administ monitor for effective and protocols for the breakdown. If the reservance of the reakdown of the left heel and in part as, administ monitor for effective and protocols for the breakdown. If the reservance is successful to the left heel and in part as, administ monitor for effective and protocols for the breakdown. If the reservance is successful to the left heel and in part as, administ monitor for effective and protocols for the breakdown. If the reservance is successful to the left heel and in part as, administ monitor for effective and protocols for the breakdown. If the reservance is successful to the left heel and in part as, administ monitor for effective and protocols for the breakdown. If the reservance is successful to the left heel and in part as, administ monitor for effective and protocols for the breakdown. If the reservance is successful to the left heel and in part as, administ monitor for effective and protocols for the breakdown.	red on 04/02, 04/07 and 04/09. se's note documented the by staff of the left buttock was draining green fluid. It hysician was notified, calcium dressing were applied, and the sill assess on Tuesday. The 9, had no documentation of a ne on the left buttock on 03/17, 20. The TAR documented ft buttock was started 03/21/19 se area to left buttock with dry, apply calcium alginate, essing, every day and evening to documentation that the empleted on 03/22-day shift, hift. There were no orders for reen discharge. There was no there were treatment orders on 03/26/19 through 03/30/19. Imentation indicating the documented treatments for the documented treatments for the through one during this period. The documented treatments for the documented treatments for the documented treatments for the documented on 04/02, 105 evening shift and no 105/06 to 04/09. Sing notes or TAR notes used any of these treatments. 8/05/19, documented R111 act with a BIMS of 14 and assist of two for bed mobility, ing. The care plan, dated and eness. Follow facility policies in the prevention/treatment of skin esident refuses treatment,				

Illinois Department of Public Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6002489	B. WING		04/12/2019	
	PROVIDER OR SUPPLIER N CARE CAPITOL	555 WEST	CARPENTE	R		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
\$9999	The Pressure Ulcer documented under treat pressure sore 2. Inspect skin seven hygiene and reposi Turn dependent reshours or as needed 3. The MDS dated severe cognitive im 2. The MDS documents as order lower buttock apply protection daily and evening for wound 3/28/2019 at 4pm a area I (left) upper in alginate and foam of wound care." The barrier cream to but provided by family of A Skin Assessment healed areas on he areas x2 (times two cream as ordered to the wound status shed, drainage, color and I buttocks	ment those methods. Prevention, dated 11/28/12, "Purpose: To prevent and s/pressure injury. Guidelines: eral times daily during bathing, tioning measures. Then 5. sident approximately every two l" 1/8/19 documents R14 to have pairment with a BIMS score of nents R14 is dependent on 2 sician's order sheet (POS) or to "cleanse area r (Right) or foam drsg (dressing) for lipro (as needed in the care with an active date of along with an order "cleanse oner buttock apply calcium daily and prn in the evening for order also, include an order for tocks and peri-area PRN dated 11/18/18. 3/19/19 for R14 identifies or "butt along with surface on pink in centers protective out includes no assessment of such as measurements, wound or and/or odor if any. Ated 3/22/2019 at 1:14pm, order reading ""cleanse areas apply protective foam drsgs evening for wound care tx	\$9999			

PRINTED: 05/29/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST CARPENTER APERION CARE CAPITOL** SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 9 S9999 A Skin Assessment 3/24/19, documents R14 to have a 1.4cm (centimeter) x.8 cm open area I inner buttock pink center "new open area inner buttock" but has no measurements on the new агеа. A Weekly Skin Assessment dated 3/26/19 identifies no wounds or skin issues at all even though R14 is currently being treated for a pressure ulcer on each buttock. A Weekly Skin Assessment 4/02/19, documents R14 to have 2 areas r inner buttock area left buttock pink/red centers tx as ordered with no measurements documented on the assessment. On 4/04/19 02:03 PM, R14 was up in her wheelchair at 10:26 am. V14 stated she had just gotten her up in the wheelchair and won't go back down to bed until after lunch as she is a full body mechanical lift. R14 was observed to remain in her wheelchair until 1:20 pm when she was transferred to bed using the lift by V14 and V15 CNA. R14 had deep white/red creases across hips/buttocks and upper thighs which lingered until the observation ended. R14 has a urinary catheter and had no evidence of barrier cream on when rolled to her side. R14 had two dressing in place, one on each side of the inner buttock. R14 had dressing on both inner buttocks which were

Illinois Department of Public Health

loose on the top edge.

The care plan dated 4/08/19 documents R14 to have a "potential for impairment to skin integrity d/t (due to) poor skin turgor COPD (chronic obstructive pulmonary disease), mobility, CHF (congestive heart failure) and "I am at risk for pressure injury. I have an area to my coccyx that the wound Dr. will see." The goal is to not develop alteration in skin integrity with

PRINTED: 05/29/2019 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST CARPENTER APERION CARE CAPITOL** SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 10 S9999 interventions to include: pressure reducing mattress, geriatric chair, minimize pressure over bony prominence's, Protective skin barrier cream as ordered, provide diet as ordered and monitor nutritional status and dietary needs, and Report pertinent changes in skin status to Physician. There is nothing in the care plan addressing timely repositioning to redistribute weight or the need for checking/changing for incontinence to ensure skin is kept clean/dry. 4. The Minimum Data Set (MDS) dated 3/27/19, R284 was originally admitted to the facility on 3/20/19 and depends on staff for most activities of daily living. The MDS also indicates a Brief Interview Mental Status score of 12 moderately impaired. R284's Braden scale dated 4/03/19 rates a 15 at risk for pressure ulcers On 4/03/19 at 12:52 PM V13 Licensed Practical Nurse/Quality Assurance entered room to change R284's dressings. R284's right hip was a large Duoderm with curled edges and no date or initials. V13 removed dressing and a large stage Il open pressure ulcer with necrosis and a large scratched open area observed on right hip. R284's left hip was a large Duoderm with curled

Illinois Department of Public Health STATE FORM

edges and no date or initials. V13 removed dressing and a stage III pressure ulcer with purulent, red, with white slough edges.

Wound size 4.5 x 5.5 x not measurable.

R284's Initial wound evaluation and management summary dated 4/02/19 documents; unstageable deep tissue injury with intact skin of the right hip.

R284's Wound evaluation and summary dated 4/09/19 documents; unstageable (due to

necrosis) of the right hip. Surface area 14.00cm. thick adherent devitalized necrotic tissue 50%

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COMF	SURVEY PLETED
		IL6002489	B. WING		04/	12/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	FATE, ZIP CODE		
APERIO	N CARE CAPITOL		CARPENTE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 11	S9999			
	and granulation tiss	sue 50%.				
	dates and initials or	5 AM V13 stated, "Yes, we put n our wound coverings."				
	was originally admir and depends on sta- living. The MDS als	33's MDS dated 3/16/19, R33 tted to the facility on 11/28/18 aff for most activities of daily so indicates a Brief Interview e of 15 cognitively intact.				
	On 4/03/19 at 12:29 left side a rolled up or initials, the media the wound onto the pressure ulcer. A stright buttocks and ured area with white large bloody draina incontinent pad. V1 (LPN) stated that the but wanted to see to treatment. V13 also wound doctor was wheelchair so wound	5 PM R33 was rolled onto her Duoderm on coccyx no date cated Santyl had fallen out of bed from the stage IV trong odor was noted. R33's upper leg was a large bloody slough macerated edges. A ge stain was observed on 3 Licensed Practical Nurse ne wound doctor was advised he wound before ordering a postated that yesterday the here but R33 was sitting in a and was not seen. V13 stated barrier cream on wound.				
		(B)				
	2 of 2 Violations					
	300.1210a) 300.1210b)2) 300.3240a)					
	Section 300.1210 Nursing and Perso	General Requirements for nal Care				
33%		<u> </u>				1. 36

PRINTED: 05/29/2019 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER APERION CARE CAPITOL SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 Continued From page 12 S9999 Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative

2)

measures shall include, at a minimum, the

encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion

All nursing personnel shall assist and

following procedures:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIGER.	A. BUILDING:		COIVI	rteleb
		IL6002489	B. WING		04/	12/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
ADEDIO	N CARE CAPITOL	555 WEST	CARPENTE	R		
APERIO	T CARE CAPITOL	SPRINGFI	IELD, IL 627)2		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 13	S9999			
	and encourage resi limited range of mo treatment and servi	nursing personnel shall assist idents so that a resident with a tion receives appropriate ices to increase range of event further decrease in				
	Section 300.3240 /	Abuse and Neglect				
	a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)					
:	These Requirement by:	its are not met as evidenced				
	review, the facility f services for range of and/or improve fun- of degrees of limita (R14, R33, R90, R of Motion in a samp in a decline in rang	, observations and record ailed to provide adequate of motion (ROM) to maintain ction including an assessment ations for 5 of 15 residents 108, R119) reviewed for Range ole of 65. This failure resulted e of motion from no upper s to limitations of both upper				
	Findings include:					
	documents R90 ha upper extremities a	Pata Set (MDS) dated 3/06/19 Is ROM deficits, bilaterally and one side lower extremities ovided. The MDS dated				

PRINTED: 05/29/2019 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST CARPENTER APERION CARE CAPITOL** SPRINGFIELD, IL. 62702 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID In. (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 14 S9999 1/22/19, documents a decline as R90's ROM limitations were identified as, no limitations of upper extremities and one-sided lower extremities. The MDS identifies R90 to have a left Below Knee Amputation (BKA). The most recent MDS, also documents R90 as having no cognitive impairment with a Brief Interview of Mental Status (BIMS) score of 15. The care plan dated 2/20/19 fails to reflect ROM deficits and/or services addressing this need. On 4/04/19 at 12:30pm, R90 stated, he doesn't get any exercises from staff, but looks forward to going to therapy to use the bike. R90 stated, he just recently had a BKA on left and getting fitted for a prosthetic. R90 stated, he would appreciate some exercises being done. A Restorative Observation/Assessment dated 11/20/18 (the most recent provided) was completed prior to R90's BKA and no assessment had been done since his decline, this was documented on the MDS dated 3/06/19. R90's assessment dated 11/20/18 does not specifically identify any limitations but does have "limitations" in voluntary movement/ROM" checked. The facility Assessment for Range of Motion included measurements, as being appropriate, and R90 is

Illinois Department of Public Health

not receiving services.

treatment/services were stopped.

The assessment does not address whether the resident had previously received treatment and services for ROM and whether he maintained his ROM, whether the ROM declined, and why the

On 4/10/19 at 1:14pm, V31 Physical Therapist (PT) stated they recommended R90 to have ROM services and that they are waiting for his prosthetic to come in to restart therapy. V31

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6002489 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST CARPENTER **APERION CARE CAPITOL** SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 15 S9999 stated R90 is cognitively intact and would benefit from ROM twice daily 7 days a week. V31 stated a yearly measurement assessment would give residents a baseline in which to determine improvement or lack of. 2. The MDS dated 1/08/19 documents R14 has limitations one side upper and lower extremities and receives Passive ROM 6 days a week. The care plan dated 4/08/19 documents R14's problem as "I have an ADL self-care performance deficit r/t (related to) CVA (Cerebral Vascular Accident) with hemiparesis to right side, Dysphagia" with a goal to "improve current level of function in ADLs through the review date." Interventions include: PROM to right side daily X 10 repetitions daily. R14's Restorative Progress notes dated 2/07/19 documents R14 has limitations in voluntary movement/ROM with the right shoulder, right wrist, and right hip and severe < (less than) 50% of normal for right elbow, right knee, right ankle and right foot. On 4/10/19 at 1:14pm, V31, Physical Therapist (PT), stated R14 would be appropriate for PROMS and does have limitations. V31 agreed that range of motion should be twice daily 7 days/week. V31 stated they recommended that for R14. On 4/10/19 at 1:45pm, V33, CNA, stated they only do range of motion on R14's left side due to her having a stroke on her right. V33 stated she does 5-10 repetitions on R14's left side and only do it on her right as they dress her. V33 was

Illinois Department of Public Health

observed doing range of motion and failed to

complete the following: Horizontal

	OF CORRECTION	IDENTIFICATION NUMBER:	l ' '	CONSTRUCTION	COMP	PLETED
		1L6002489	B. WING		04/1	12/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
APERIO	N CARE CAPITOL		CARPENTE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	Continued From pa	ge 16	S9999			
	abduction/adduction and hyperextension are elbow joint, abducting joints, flexion/extension are elbow joint, international hyperextension of the inversion/eversion of motion for the toe. 3. R108's MDS dathave limitations bilated services provided. The toe of motion for the toe. 4.03/19 and 4/0 up in her wheelchaither left leg off the legover. 4.04/19 at 11:14 her bed. V14, CNA motion on her. V14 incomplete range of asked R108 to raise stating she cues he unable to straighten limited. A Restorative Obseton 10/22/18 document the time. 4.10/19 at 1:14p (PT), stated they habut would be appropriate the state of the straighten and the state of the	n, Internal/external rotation of the shoulder joint, nd supination/pronation of the on/adduction of the finger sion, a=opposition of the l/external rotation and ne hip joint, and of the ankle joint with no range	39999			
	A Therapy note date	ed 11/30/18 documents R108				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING _____ IL6002489 04/12/2019 NΑ Al

	120002403				04/12/2019
			DRESS, CITY, ST		
APERIO	N CARE CAPITOL		CARPENTEI ELD, IL 6270	-	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE
S9999	Continued From page 17		S9999		
	to be within normal limits.		1		
	The care plan dated 3/13/19 documents in transfer ability with no information reg. R108's identified limitations and her nee range of motion services. 4. The MDS dated 3/15/19 identifies R1 have no cognitive impairment with a BIM of 15. The MDS documents R119 has n limitation upper extremities with limitation bilaterally lower extremities with no serviprovided.	arding d for 19 to 1S score to ns			
	On 4/03/19 at 12:25pm, R119 stated the doesn't do exercises with her, but she's to go back to therapy when my butt heals stated "I don't get up at all right now."	supposed			
	The Care Plan dated 3/15/19 documents about R119's ROM limitations on the car	nothing e plan.			
	The Restorative Nurse Program policy/p dated 11/28/12 documents the purpose a "promote each resident's ability to mainta regain the highest degree of independent safely as possible" and documents "A furprogram may include range of motion produring routine daily care such as dressing grooming/hygiene, eating, transfers, bath It continues "Range of motion programs include active assisted range of motion, range of motion, or Passive range of motion (or PROM) - staff or equipment motion through the range of motion with no from the resident."	as to ain or nce as nctional ovided ag, ning, etc." may active tion."			
	5. R33's MDS dated 3/16/19, document	ts R33			

Illinois Department of Public Health

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6002489 B. WING 04/12/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST CARPENTER APERION CARE CAPITOL** SPRINGFIELD, IL 62702 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 18 S9999 was originally admitted to the facility on 11/28/18 and depends on staff for most activities of daily living. The MDS also indicates a BIMS score of 15, cognitively intact On 04/03/19 08:50AM, R33 was observed laying on back with both lower legs bent at the knees. R33 stated they are supposed to do it here, but they said Medicare/Medicaid doesn't pay for it. They are supposed to do restoratives but that doesn't get done either. R33's care plan dated 2/25/2019 documents; "I have limited physical mobility r/t paraplegia" Intervention; "Provide gentle range motion as tolerated with daily care." R33's restorative progress note dated 1/22/2019 documents; program passive range of motion (PROM) to bilateral lower extremities. (B)